

AME EQUIPMENT AND MEDICAL CONFIDENTIALITY (Updated 03/31/2021)

AMEs must have adequate facilities and equipment for performing the required physical examinations. AMEs shall certify, at the time of designation, prior to conducting any FAA examinations, re-designation, or upon request, that they possess and maintain as necessary the equipment specified below.

Please indicate the items available in your office with a checkmark.

1. VISUAL ACUITY AND PHORIA TESTING - Must have ALL in either 1.A. OR Exception 1.B.	
<input type="checkbox"/> 1. A. MANUAL TESTING	<p>VISUAL ACUITY TESTING: Must have all of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Standard Snellen Test for distance visual acuity, with appropriate eye lane and lighting.<input type="checkbox"/> FAA Form 8500-1, Near Vision Acuity Card for near and intermediate vision testing<input type="checkbox"/> Opaque eye occluder <p>PHORIA TESTING: Must have at least one option from EACH category: Prisms, Red Maddox Rod, and Eye Muscle Test Light:</p> <ol style="list-style-type: none">1. Prisms - Must have at least one of the following: To measure heterophoria, must begin with 1 prism diopter and increase to at least 8 prism diopters for BOTH horizontal and vertical.<ul style="list-style-type: none"><input type="checkbox"/> Risley rotary prism device<input type="checkbox"/> Prism bars: BOTH horizontal and vertical<input type="checkbox"/> Individual hand prisms2. Red Maddox Rod - Must have at least one of the following:<ul style="list-style-type: none"><input type="checkbox"/> Maddox Rod included in Risley rotary prism device<input type="checkbox"/> Maddox Rod hand held3. Eye Muscle Test Light - Must have at least one of the following:<ul style="list-style-type: none"><input type="checkbox"/> Muscle light<input type="checkbox"/> Ophthalmoscope light<input type="checkbox"/> Penlight 0.5cm in diameter
<input type="checkbox"/> 1. B. COMMERCIAL TESTING EXCEPTION	<p>Optional substitute: Any commercially available visual acuity and heterophoria-testing device that gives distance and near acuity in Snellen equivalents is acceptable for the equipment listed in 1.A. It is strongly recommended that if using a commercial device, that both a Snellen wall chart and near vision acuity card are available to recheck testing, if needed.</p> <p>If applicable, check the box below and write the name of the device.</p> <p><input type="checkbox"/> I use the following commercially available visual acuity and heterophoria testing device(s) in my office:</p> <p>Device name:</p>

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2. COLOR VISION TESTING - Must have AT LEAST ONE of the following:

Pseudoisochromatic Plates (PIP)

- ☐ American Optical Company (AOC), 1965 Edition
- ☐ AOC-HRR, 2nd edition
- ☐ Dvorine, 2nd edition
- ☐ Ishihara (select one below)
 - ☐ Concise 14-plate ☐ 24-plate ☐ 38-plate edition
- ☐ Richmond, 1983 edition, 15-plate
- ☐ Richmond-HRR

Commercial Vision Testers

- ☐ Farnsworth Lantern
- ☐ Keystone Orthoscope
- ☐ Keystone Telebinocular
- ☐ OPTEC 900 Color Vision Tester
- ☐ OPTEC 2000
 - Model 2000PM, 2000 PAME, 2000P
 - Must include the 2000-010 Far color perception PIP plate to be approved
- ☐ OPTEC 2500
- ☐ Titmus Vision Tester
- ☐ Titmus i400

3. FIELD OF VISION TESTING – must have at least ONE of the following:

- ☐ Direct confrontation field-testing (must test all 4 quadrants). No equipment required
- ☐ Wall Target (50-inch square surface made of black felt or dull/matte finish paper; and a 2-mm white test object, which may be a pin with a handle the same color as the wall target.
- ☐ Visual Field Perimeter (must test all 4 quadrants).

4. OTHER OFFICE EQUIPMENT – must have ALL of the following:

- ☐ Computer with internet access and printer
- ☐ Diagnostic instruments necessary to complete FAA exam
- ☐ Equipment to measure height and weight
- ☐ Urinalysis Test Strips to test for albumin and sugar

Urine dipstick expiration date on package: _____

5. SENIOR AME - SPECIAL EQUIPMENT REQUIRED – must have the following:

- ☐ Access to electrocardiograph (EKG/ECG) equipment (preferably at your office location)
Brand of ECG equipment: _____

6. EMPLOYEE EXAMINER - SPECIAL EQUIPMENT REQUIRED - must have the following:

- ☐ Audiometric Equipment brand: _____
- ☐ Calibration date: _____

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I hereby certify that I possess and maintain as necessary the equipment specified above in my office or available at the designated location below:

Address:

City:

State:

Zip Code:

Country (if outside the US):

Telephone Number (Include Area Code):

Signature:

Date:

AND

I hereby certify that I maintain confidentiality of medical records at all times.

Signature:

Date:

Printed Name:

AME number: